

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 01644358 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				51								
2		1		1			52								
3	1		1				53								
4		1		1			54								
5		1		1			55								
6		5		2			56								
7	1		1				57								
8	1		1				58								
9		2		2			59								
10		2		2			60								
11		2		2			61								
12		2		2			62								
13	1		1				63								
14		1		1			64								
15	1		1				65								
16		1		1			66								
17		1		1			67								
18		1		1			68								
19		6		6			69								
20		6		6			70								
21		6		6			71								
22		6		6			72								
23							73								
24							74								
25							75								
26							76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	6		6				TOTAL IND.								
TOTAL DEP.	44		41				TOTAL DEP.								
TOTAL CLAIMS	50		47				TOTAL CLAIMS								